

**State of Vermont
Division of Disability and Aging Services
TBI Program**

LIFE SKILLS AIDE REPORT

Life Skills Aide: _____

Provider Agency: _____

Consumer's Name: _____ **D.O.B.:** _____

Address: _____ **Phone No.:** _____

Date of Service: _____ **Start time:** _____ **to** _____

Independent living / community re-entry skills focused on (enter the results/progress number code for each applicable area):

1 – 2	Unable to Perform	3 – 4	Severe Difficulty
5 – 6	Needs Assistance or Cuing	7 – 8	Independent

_____ Physical Development & Mobility
_____ Communication / Cognitive Skills
_____ Eating Behaviors
_____ Food Preparation / Cooking
_____ Personal Hygiene / Grooming
_____ Health / Safety
_____ Other, please describe: _____

_____ Social Behavior / Leisure Time
_____ ADL's and Household Chores
_____ Budgeting & Numerical Skills
_____ Transportation & Travel
_____ Vocational Skills

Narrative - description of activity:

Comments: (use back of form or additional paper for additional comments or suggestions)